

Provider Manual Title: Pharmacy
Revision Date: 7/1/2023

**Appendix D: Preferred Drug List / Common Core Formulary Changes,
90 Day Supply List Changes, and Drug Utilization Review Board
Service Authorization Changes**

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**PREFERRED DRUG LIST / COMMON CORE FORMULARY CHANGES, 90 DAY
SUPPLY LIST CHANGES, AND DRUG UTILIZATION REVIEW BOARD SERVICE
AUTHORIZATION CHANGES**

The following new drugs and service authorization criteria were recently reviewed and approved by the Drug Utilization Review Board on March 9, 2023 and March 23, 2023. These changes, along with a complete listing of preferred drugs and service authorization requirements, are posted on the Virginia Medicaid Pharmacy Services Portal at: <https://www.viriniamedicaidpharmacyservices.com/provider>

Effective immediately, the following drugs require a service authorization (SA).
SA forms can be found at:

<https://www.viriniamedicaidpharmacyservices.com/provider/authorizations>

- Hyftor™
- Lytgobi®
- Rezlidhia™

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The DMAS P&T Committee conducted its annual review of the following PDL Phase II drug classes and reviewed new drugs in PDL Phase I on September 22, 2022.

On July 1, 2023, the following changes and additions to the Preferred Drug List (PDL) will be effective.

Virginia Preferred Drug List Changes Effective July 1, 2023		
Drug Class	Preferred	Non-Preferred (requires SA)
Antipsychotics	lurasidone Vraylar™ Perseris®	Latuda®
Multiple Sclerosis Agents	dalfampridine ER fingolimod Aubagio®	
Antimigraine Agents, other	Aimovig™ Ubrelvy™	
Cytokine and CAM Antagonists	Infliximab	Arcalyst Inflectra® vial
Anticonvulsants	lamotrigine ODT Nayzilam®	Lamictal® ODT lacosamide solution unit dose
Hypoglycemics, SGLT2		Invokamet™ XR
Hypoglycemics, Insulin and Related Agents	insulin glargine pen insulin glargine vial	insulin lispro protamine mix kwikpen (AG)
Antidepressants, other	Viibryd®	
Intranasal Rhinitis Agents	Dymista®	
Acne Agents, topical	adapalene gel OTC	Differin gel OTC
Antibiotics, vaginal		Vandazole™ gel
Androgenic Agents	testosterone gel pump (generic of AndroGel®)	
NSAIDS	diclofenac sodium oral	

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Erythropoiesis Stimulating Proteins		Retacrit™ Reblozyl®
Antifungals, topical	clotrimazole solution rx	Mycozyl AC cream OTC salicylic acid ointment tolnaftate solution OTC
Antihyperuricemics		allopurinol 200mg (AG)
Hypoglycemics, Incretin Mimetics/Enhancers	Kombiglyze™ XR Onglyza™ Jentadueto™ XR	
Rosacea Agents, topical	metronidazole gel metronidazole cream	Metrogel® Metrocream®
Stimulants and Related Agents	methylphenidate solution	
Contraceptives, other	Depo-Provera® 104mg	

Classes in red designate Common Core Formulary “closed classes”

NEW CLOSED CLASSES

AG = authorized generic

SA criteria can be found on the updated Preferred Drugs List (PDL/Common Core Formulary) at:

<https://www.virginiamedicaidpharmacyservices.com/provider/preferred-drug-list>.

SA forms for specific drugs or drug classes can be found at:

<https://www.virginiamedicaidpharmacyservices.com/provider/authorizations>

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Virginia 90 day list changes Effective July 1, 2023		
Drug Class	Added	Removed
Antidepressants, other	Viiibryd®	
Anticonvulsants	lamotrigine ODT	Lamictal® ODT lacosamide solution unit dose
Antipsychotics	lurasidone Vraylar™	Latuda®
Hypoglycemics, Incretin Mimetics/Enhancers	Kombiglyze™ XR Onglyza™ Jentadueto™ XR	
Hypoglycemics, SGLT2		Invokamet™ XR
Hypoglycemics, Insulin and Related Agents	insulin glargine pen insulin glargine vial	insulin lispro protamine mix kwikpen (AG)
NSAIDS	diclofenac sodium oral	
Antihyperuricemics		allopurinol 200mg (AG)